

Book Review: Gil-Monte. P. R. (Coord.) (2014). *Handbook of Applied Work Psychosociology and Occupational Risk Prevention*. Madrid: Pirámide (cont.)

Traveling through this manual, students and professionals will be able to improve their knowledge and develop various competencies, such as: communicate their conclusions based on the supporting knowledge to specialized and non-specialized audiences in a clear and unambiguous way, (2) critically analyze psychosocial problems and needs at work, (3) plan, advise and make decision using ethical criteria, (4) analyze new problems with the knowledge and tools learned and reason with rigor, (5) develop as researchers, (6) promote health prevention in companies, (7) evaluate and obtain relevant data for organizational diagnosis in questions of occupational health psychology, and (8) propose measures to control and reduce psychosocial risks in work organizations, in addition to all those specific competencies the teacher is able to develop based on the contents of the book.

As the reader can imagine, I cannot end this review without expressing my gratitude to all the authors who contributed to the book for their efforts, and to the students with whom I have been able to share my professional knowledge and experiences for their constant motivation to continue to learn, and to the national and international organizations that on a daily basis encourage occupational health promotion and psychosocial risk prevention at work. In Spain, we have the examples of the *Instituto Nacional de Seguridad e Higiene en el Trabajo* (INSHT), the Spanish Society for the Study of Anxiety and Stress (SEAS) and the *Instituto Valenciano de Seguridad y Salud en el Trabajo* (INVASSAT); in Latin America, la *Red de Investigadores sobre Factores Psicosociales en el Trabajo A.C.*; in the United States, the Society for Occupational Health Psychology (SOHP), or in Europe, the European Academy of Occupational Health Psychology (EA-OHP). To all of them: thank you, and I look forward to sharing future scenarios with you on the stage of occupational health.

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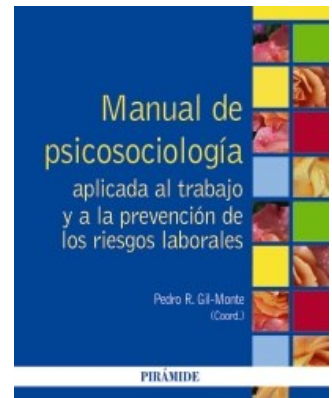
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Understanding and Improving Hotel Housekeeper Safety and Health: A Series of NIOSH Research Studies

According to the Bureau of Labor Statistics, nearly 1 million maids and housekeeping cleaners currently work in the United States (Bureau of Labor Statistics [BLS], 2013a). Almost half are employed in the traveler accommodations industry, which "provid[es] short-term lodging in facilities known as hotels, motor hotels, resort hotels, and motels" (US Census Bureau, 2012). Hotel housekeepers (hereinafter housekeepers) make beds, restock linens, dust, vacuum, and perform cleaning duties as assigned in guest rooms and other areas of the hotel establishment. While housekeeping is only 1 of 226 unique occupations in traveler accommodations, housekeepers account for the largest proportion--approximately 25%--of all the industry's workers (BLS, 2013a). Most housekeepers are female (89%) and self-identify with an ethnic minority group

(44% Hispanic or Latina, 22% other minority; BLS, 2014).

Seminal studies demonstrate that work-related bodily pain and injuries are significant problems. Very high proportions (77% to 91%) of housekeepers self-report pain--primarily in their lower backs, upper backs, and shoulders--attributed, at least in part, to their workloads and work tasks (Krause, Scherzer, & Rugulies, 2005; Lee & Krause, 2002; Scherzer, Rugulies, & Krause, 2005; UNITE HERE!, 2006). In 2010, housekeepers had the highest reporting rates of all workers for overall injuries (7.9 per 100) and musculoskeletal disorders (3.2 per 100), and Hispanic/Latina housekeepers were 1.75 times as likely as their white counterparts to be injured on the job (Buchanan, et al., 2010). Analyses of (continues on page 8)



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Workers Compensation data from a subset of unionized hotels revealed housekeepers' annual claims cost upwards of \$4.7 million (Frumin et al., 2006).

The literature provides fairly consistent evidence linking housekeepers' physical injuries to certain job factors, such as staffing reductions, cleaning guest rooms with "luxury" bedding (oversized mattresses weighing 100+ pounds, heavy duvets/comforters, triple sheeting, numerous pillows), using inadequate or poorly-designed cleaning tools and equipment, rushing/hurrying, and skipping rest and meal breaks because of excessive time pressures (Frumin et al., 2006; Krause et al., 2005; Kumar & Kumar, 2008). Isolated work, limited manager and coworker support, lack of respect, effort/reward imbalance, low job control, poor job security, low job quality, and poor decision latitude have also all been associated with adverse worker health outcomes, though the evidence is less consistent for these psychosocial factors (Andersen et al., 2003; Burgel, White, Gillen, & Krause, 2010; Krause et al., 2005; Östergren et al., 2005); Svendsen, Bonde, Mathiassen, Stengaard-Pedersen, & Frich, 2004).

Despite the demanding nature of the job and the high prevalence of injuries, housekeeper salaries lag. In 2013, their median hourly income was \$9.21, which represents the lowest 15% of hourly earnings for maids and housekeepers across all US industries and the bottom 3% of wages for all US occupations (BLS, 2013b).

Collectively, hotel housekeepers' sex, minority and socioeconomic statuses, and hazardous work environments put them at disproportionately high risk for illness, injury, and disease. In response, the US National Institute for Occupational Safety and Health (NIOSH) currently engages in two research activities to further explore the nature of hotel housekeeping work and its disparate health effects.

The first NIOSH project developed a series of research instruments for use as a standard metric to identify and evaluate health and safety risk factors for housekeepers. Since April 2010, an interagency project team consisting of occupational safety and health, ergonomics, minority health, and psychometrics experts have worked to develop the novel survey battery which assesses personal worker attributes, job/task details, musculoskeletal disorder (MSD) symptomatology, workload, available and desired job tools/equipment, the psychosocial work environment, and hotel safety culture and climate. To date, English and dialect-neutral Spanish versions of the survey have been cognitively evaluated and pilot tested with housekeepers across the US. The research team is currently seeking additional partners to conduct a large-scale ergonomic intervention field study that utilizes the surveys.

The second NIOSH project strives to provide occupational safety and health educational resources for the hotel industry. The research team is presently creating two distinct but complementary resources to inform about the safety and health issues that pervade housekeeping work and provide guidance on how to effectively address such issues. A detailed scientific technical report will provide: 1) a review of the state of the housekeeper safety and health literature; 2) a detailed summary of the results of a NIOSH-led qualitative investigation of the hazards and health/life effects of hotel housekeeping; 3) a description of potential interventions to improve working conditions for housekeep-

ers in traveler accommodations. To date, the NIOSH-led interagency research team has gathered and analyzed data from a series of 18 focus groups with housekeepers, learning about their experiences of work-related pain, the tasks and other work environment factors associated with that pain, and how work and the associated pain affect housekeepers' quality of life. The team is currently conducting interviews with representatives from hotel management and labor unions to obtain a 360-degree perspective on these issues.

Easy-to-consume guidance materials will then be derived from the technical report for industry and designed to communicate: 1) a complete picture of the physical, social, and organizational job factors impacting the safety and health of housekeepers; 2) alternative safety-enhancing designs for housekeepers' job tasks; and 3) recommendations for organization-level psychosocial and work environment interventions to improve housekeeper safety and health. The target audience for these materials will be hotel management and policymakers, but the materials will be written to facilitate further effective dissemination to housekeepers. Using this approach, awareness of housekeepers' safety and health issues and solutions will be enhanced at both the management and worker levels.

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